

Foster Family Home - Corrective Action Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

94-149 Mokukaua Street

Waipahu

HI 96797

Review ID: 1-562654-7

Reviewer: David Ayling

Begin Date: 9/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/4/19.
Corrective Action Report issued during home inspection with all items due to CTA by 10/4/19.
6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - Current APS/CAN done on 2/11/19 for CG #2. Expired on 1/30/19. Current APS/CAN done on 8/9/18 for CG #3.
Expired on 6/30/18.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #3. Expired on 9/1/19.
41.(b)(8) - Current CPR and First Aid done 7/11/18. Expired on 7/2/18.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Victoria Agustin
CCFFH Address: 94-1461 Mokukuna St. Waipahu HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| 41(b)(8) | I showed CTA current APS/CAN for CAP for CG #2 and CG #3 and current CPR & FA on the day of my recertification | 9/4/19 | |
| 41(b) 7 | I received a current TB clearance for CG #3 and placed in my CCFFH binder | 9/9/19 | I made a list of all items w/ expiration date (CPR, TB, APS/CAN) for all CGs and placed in the front of my CCFFH binder. I review monthly. |

Primary Caregiver's Signature: Victoria Agustin

Print Name: VICTORIA AGUSTIN

Date of Signature: 9/9/2019